



HOUSING AUTHORITY of the County of Butte

(530) 895-4474
FAX (530) 894-8738
TDD/TTY (800) 735-2929
(800) 564-2999 Butte County Only
WEBSITE: www.butte-housing.com
2039 Forest Avenue • Chico, CA 95928

CHANGE FORM FOR INCOME
SECTION 8

PLEASE PRINT ALL INFORMATION

Head of Household _____ Last 4 digits, SS# _____
Address _____ City _____ State _____ Zip _____
Name on file if different than above _____
Phone # Home: (____) _____ - _____ Work (____) _____ - _____ Message (____) _____ - _____

INCOME CHANGES

All household income must be reported and a form must be completed for each household member. You must provide complete names and address of income source (if applicable).

You must include documentation of changes. If you have zero income, you will need to complete a "Zero Monthly Income Verification" Form (Available upon request from the Housing Authority).

Household Member: _____

EMPLOYMENT: [] New [] Quit [] Terminated [] Layoff [] Increase [] Decrease

*Include copy of documentation regarding change in employment. This may include 3 months of check stubs.

Date of Change _____ Average Hours Worked Per Week _____

Name of Employer _____ Address _____ City, State, Zip _____ Phone # _____

Income Amount: Monthly: \$ _____ Weekly \$ _____ Hourly \$ _____

SOCIAL SECURITY/SSI: [] New [] Decrease [] Increase [] Terminated

Date of Change _____

*Include copy of Social Security Award Letter for documentation of change.

Income Amount: Monthly: \$ _____

TANF: [] New [] Decrease [] Increase [] Terminated [] Sanctioned

Date of Change _____

*Include copy of Passport to Services or Notice of Action from the Welfare Office for documentation of change.

Income Amount: Monthly: \$ _____



The Housing Authority of the County of Butte is an Equal Opportunity Employer and Housing Provider





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UNEMPLOYMENT: New Decrease Increase Terminated

Date of Change _____

***Include copy of Unemployment Benefits as documentation of change.**

Income Amount: Monthly: \$_____ Weekly \$_____

CHILD SUPPORT: New Decrease Increase Terminated

Date of Change _____

***Include copy of statement from Department of Child Support Services as documentation of change, or a copy of current court order.**

Income Amount: Monthly: \$_____

OTHER SOURCES OF INCOME: _____

Date of Change _____

***Include documentation to verify changes.**

CHILD CARE EXPENSES:

Do you have out of pocket child care expenses? Yes No

*If yes, provide verification.

WARNING: Section 1001 of Title 18 of the U. S. Code makes it a CRIMINAL OFFENSE to make willful false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

I/We certify that the information given to the Housing Authority of the County of Butte on household income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of Housing Assistance and termination of tenancy. **I have not omitted, misstated, or withheld facts pertaining to the Household's Income or Persons living in the unit. I understand that it is my responsibility to report to the Housing Authority, any changes in income, assets and number of persons living in the unit, whenever they occur. I have been made aware of the Housing Programs and requirements and prohibitions.**

Signature of Head of Household

Date

Signature of Adult Member

Date



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